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**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

		Application Number	09/781,127
		Filing Date	02/09/2001
		First Named Inventor	Richards, et al.
		Group Art Unit	2173
		Examiner Name	Unknown
Total Number of Pages in This Submission	5	Attorney Docket Number	1435.0100101

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Request for Corrected Filing Receipt
Remarks		<b>RECEIVED</b> 11/11/02 2002 Technology Center 2100

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	J. Gustav Larson, Reg. No. 39,263
Signature	
Date	8-24-02

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **4-25-02**

Typed or printed name	Terri Alloway		
Signature	Terri Alloway	Date	4-25-02

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Richards, et al.

Title: INTERACTIVE METHOD AND SYSTEM FOR HUMAN  
NETWORKING

App. No.: 09/781,127 Filed: 02-09-2001

Examiner: Unknown Group Art Unit: 2173

Atty. Dkt. No. 1435.0100101

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Application Processing Division  
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**REQUEST FOR CORRECTED FILING RECEIPT**

Dear Sir:

Please make the indicated corrections as shown on the enclosed Filing Receipt. Please reflect on the filing receipt that the Request for Non-Publication has been rescinded as evidenced by the attached copy of the Request to Rescind and return receipt postcard. Please contact me at the below-listed telephone number if you have any questions or need additional information.

Respectfully submitted,

4-24-02  
Date

  
J. Gustav Larson, Reg. No. 39,263  
Attorney for Applicant(s)  
Simon, Galasso & Frantz, PLC  
P.O. Box 26503  
Austin, Texas 78755-0503  
(512) 336-8957 (phone)  
(512) 336-9155 (fax)

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## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/781,127	02/09/2001	2173	769	INTERKNECTIVES101	13	41	7

27412  
 SIMON, GALASSO & FRANTZ PLC  
 P.O. BOX 26503  
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CONFIRMATION NO. 1701

UPDATED FILING RECEIPT



\*OC00000006173402\*

Date Mailed: 06/12/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Ian Richards, Austin, TX;  
 Joy Palmer, Bath, UNITED KINGDOM;

## Assignment For Published Patent Application

Interknectives;

## Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/182,107 02/11/2000

## Foreign Applications

If Required, Foreign Filing License Granted 03/13/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

\*\* SMALL ENTITY \*\*

Title



PTO/SB/36 (11-00)

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**REQUEST TO RESCIND PREVIOUS  
NONPUBLICATION REQUEST  
35 U.S.C. 122(b)(2)(B)(ii)**

Application Number	09/781,127
Filing Date	02-09-2001
First Named Inventor	Richards, et al.
Title	Interactive Method & System for Hur
Atty Docket Number	INTERKNECTIVES10
Group Art Unit	2173
Examiner	Unknown

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I hereby **rescind** the previous request that the above-identified application not be published under 35 U.S.C. 122(b).

5-11-01

Date

  
Signature

J. Gustav Larson, Reg. No. 39,263

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b).

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(b). The information is used by the public to rescind a previously filed request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that rescission). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Interknectives101 Filing Fee

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Assistant Commissioner for Patents  
Washington, D.C. 20231

Applicant: Richards, et al.

Appl. No.: 09/781,127 Art Group: 2173

Filing Date: 02-09-2001 Atty Docket No.: Interknectives101

Title: INTERACTIVE METHOD AND SYSTEM FOR HUMAN  
NETOWRKING

Attached please find:

- Transmittal Form (1 pg)
- Response to Notice of Missing Parts including copy to be returned to the PTO (3 pages)
- Fee Transmittal  with  without Fee attached (2 pgs)
- Request to Rescind Previous Nonpublication Request (1 pgs)
- Assignment with RFCS (4 pgs)
- Return Receipt Postcard
- Other: Statement Claiming Small Entity (1 pgs)

Date: 5-11-2001

Atty/Sec: JGL/tla





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Bib Data Sheet

CONFIRMATION NO. 1701

SERIAL NUMBER 09/781,127	FILING DATE 02/09/2001 RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. INTERKNECTIVES101
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APPLICANTS

Ian Richards, Austin, TX;  
Joy Palmer, Bath, UNITED KINGDOM;

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\*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/182,107 02/11/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/13/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	13	41	7
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

27412

TITLE

Interactive method and system for human networking

FILING FEE RECEIVED 769	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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